

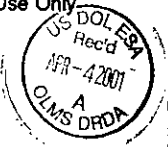
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**


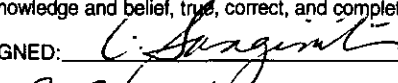
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

03A

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 5 0 4 - 8 3 2	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name T H U R S T O N Last Name H Y M A N P.O. Box • Building and Room Number (if any) 5 T H F L O O R Number and Street 1 2 2 5 V I N E S T R E E T City P H I L A D E L P H I A State ZIP Code + 4 P A 1 9 1 0 7 -
4. AFFILIATION OR ORGANIZATION NAME H E R E I U , A F L - C I O		5. DESIGNATION (Local, Lodge, etc.) LOCAL		
6. DESIGNATION NUMBER 2 7 4		7. UNIT NAME (if any)		
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 72	THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL PURPOSES.
VARIOUS	S E E A T T A C H E D S C H E D U L E

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  3 130107 Date	PRESIDENT (If other title, see instructions.) 2 1 5 5 6 3 - 0 2 7 4 Telephone Number	77. SIGNED:  3 130107 Date	TREASURER (If other title, see instructions.) 2 1 5 5 6 3 - 0 2 7 4 Telephone Number

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | X | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | X | |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | X | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | X | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | X | |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 8 9 3
19. What is the date of your organization's next regular election of officers? MO YEAR
0 5 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 33.10 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 49.60
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 5.00 per JOB (Month, Year, etc.)

- | | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 5 0 4 — 8 3 2

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)	
	Item				
	25. Cash	1	4 8 9 9 2	2 1 5 7 3	
	26. Accounts Receivable		4 9 0 4 0	1 0 8 9 1 8	
	27. Loans Receivable		0	0	
	28. U.S. Treasury Securities		0	0	
	29. Investments	2	5 0 0 0	5 0 0 0	
	30. Fixed Assets	5	8 8 5 9 1	7 6 5 1 8	
	31. Other Assets	3	0	0	
	32. TOTAL ASSETS		1 9 1 6 2 3	2 1 2 0 0 9	
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)	
	Item				
	33. Accounts Payable		8	1 3 4 1 8 3	2 1 2 4 8 3
	34. Loans Payable			1 0 5 3 5	0
	35. Mortgages Payable			0	0
	36. Other Liabilities		4	8 8 5 4	1 3 0 4 9
37. TOTAL LIABILITIES		1 5 3 5 7 2	2 2 5 5 3 2		
38. NET ASSETS (Item 32 less Item 37)		3 8 0 5 1	- 1 3 5 2 3		

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 4 — 8 3 2

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 2 5 9 2 3 2	56. To Officers	9		2 1 2 7 0 1
40. Per Capita Tax			0	57. To Employees	10		2 9 8 7 1 6
41. Fees			9 2 3 4	58. Per Capita Tax			4 1 2 6 7 2
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		2 1 4 5 4 4
44. Work Permits			1 6 3 8 7	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			1 1 4	62. Professional Fees			4 9 0 5 6
46. Interest			1 2 3 4	63. Benefits	11		1 3 2 9 1 1
47. Dividends			0	64. Contributions, Gifts & Grants	12		1 4 2 9 5
48. Rents			3 5 1 0 0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			5 8 6 1 5
50. Loans Obtained	8		0	67. Withholding Taxes			1 5 9 8 0 7
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		0
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		3 0 4 4
54. Other Receipts	14		2 6 9 8 8 9	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		6 2 2 4 8
55. TOTAL RECEIPTS			1 5 9 1 1 9 0	74. TOTAL DISBURSEMENTS			1 6 1 8 6 0 9

FILE NUMBER: 5 0 4 - 8 3 2

SCHEDULE 1 — LOANS RECEIVABLEForm LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 5 0 4 _ 8 3 2

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. (a) _____ (b) _____ (c) _____ (d) _____	
Other Investments	
4. Total Cost	5 0 0 0
5. Total Book Value	5 0 0 0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. (a) SEE ATTACHED SCHEDULE (b) _____ (c) _____ (d) _____ (e) Total from additional pages (if any)	5 0 0 0
7. Total of Lines 2 and 5	5 0 0 0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	0
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	1 3 0 4 9
7. Total of Lines 1 through 6	1 3 0 4 9
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 0 4 — 8 3 2

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)	0		0	N/A
3. Buildings (give location):				
4. Totals from additional pages (if any)	0	0	0	N/A
5. Automobiles and Other Vehicles	0	0	0	N/A
6. Office Furniture and Equipment	176183	135725	40458	40458
7. Other Fixed Assets	118856	82796	36060	36060
8. Totals of Lines 1 through 7	295039	218521	76518	76518

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0
			7. Less Reinvestments	0
			8. Net Sales	0

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 4 — 8 3 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)	0	0	0
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. SEE ATTACHED SCHEDULE					
2.					
3.					
4.					
5. Totals from additional pages (if any)	10535	0	3044	7491	0
6. Totals of Lines 1 through 5	10535	0	3044	7491	0
Enter the Totals from Line 6 in ↑ Item 34 Column (C) ↑ Item 50 ↑ Item 70 ↑ Item 75 with Explanation ↑ Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 4 1 8 3 2 1

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*							
1. Last Name: H Y M A N First Name: T H U R S T O Title: P R E S . / B U S M G R Status: C			5 8 5 0 6	0	2 3 7 6 0	0	8 2 2 6 6	
2. Last Name: S A N G I N I T I First Name: S T A C E Y Title: S E C - T R E A S Status: N			4 2 8 2 3	0	1 3 4 5 6	0	5 6 2 7 9	
3. Last Name: C R A W F O R D First Name: L O R R A I N Title: R E C O R D I N G S E C R E Status: C			0	1 3 9 8	0	0	1 3 9 8	
4. Last Name: M U R P H Y First Name: C H A R L E S Title: V I C E - P R E S I D Status: C			4 7 7 3 4	0	5 9 1 6	0	5 3 6 5 0	
5. Last Name: W I L L I A M S First Name: B A R B A R A Title: V I C E - P R E S I D Status: C			3 2 5 0 4	0	8 4 0	0	3 3 3 4 4	
6. Last Name: C O U G H L A N First Name: P A T R I C K Title: E X E C . B O A R D Status: C			3 2 5 8 8	3 7 5	1 8 2 1 3	1 0 3 3 6	6 1 5 1 2	
7. Last Name: D A V E R S A First Name: A N T H O N Y Title: E X E C . B O A R D Status: C			0	6 8 3	0	0	6 8 3	
8. Totals from additional pages (if any)			0	4 6 1 0	5 5 0	0	5 1 6 0	
9. Totals of Lines 1 through 8			2 1 4 1 5 5	7 0 6 6	6 2 7 3 5	1 0 3 3 6	2 9 4 2 9 2	
					10. Less Deductions			8 1 5 9 1
Enter the Total from Line 11 in Item 56 ➡					11. Net Disbursements			2 1 2 7 0 1

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 4 — 8 3 2

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: C R U Z First Name: A N G E L Position: O R G A N I Z E R Name of Affiliated Organization: N / A	2 3 8 0 0	0	2 5 1	0	2 4 0 5 1
2. Last Name: Z A R E N First Name: A N N M A R Position: C L E R I C A L Name of Affiliated Organization: N / A	2 3 8 1 3	0	5 4 8	0	2 4 3 6 1
3. Last Name: R U S S E L L A First Name: B A R B A R A Position: C L E R I C A L Name of Affiliated Organization: N / A	3 2 5 5 1	0	8 4 0	0	3 3 3 9 1
4. Last Name: D A V I S First Name: C H A R L E S Position: O R G A N I Z E R Name of Affiliated Organization: N / A	3 5 2 0 0	0	1 5 5 9	0	3 6 7 5 9
5. Last Name: H O L M E S First Name: D O R I S Position: O R G A N I Z E R Name of Affiliated Organization: N / A	2 5 8 6 2	0	1 8 8 8	0	2 7 7 5 0
6. Totals from additional pages (if any)	201180	0	16264	0	217444
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	35225	0	12470	0	47695
8. Totals of Lines 1 through 7	377631	0	33820	0	411451
			9. Less Deductions 1 1 2 7 3 5		
Enter the Total from Line 10 in Item 57 ➡			10. Net Disbursements 2 9 8 7 1 6		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 504-832

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages (if any)		132911
6. Total of Lines 1 through 5		132911
Enter the Total from Line 6 ↑ Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	14295
8. Total of Lines 1 through 7	14295
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	214544
8. Total of Lines 1 through 7	214544
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	2 6 9 8 8 9
17. Total of Lines 1 through 16	2 6 9 8 8 9
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	6 2 2 4 8
17. Total of Lines 1 through 16	6 2 2 4 8
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
H E R E AFL-CIO LOCAL UNION 2 7 4

ENDING DATE OF PERIOD COVERED:
12-31-2000

FILE NUMBER: 5 0 4 - 8 3 2

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name H A Y S First Name L O R R A I N Title E X E C . B O A R D Status C		0	1 0 2 3	0	0	1 0 2 3
Last Name L A T T A First Name W I L L I A M Title E X E C . B O A R D Status C		0	7 5 8	0	0	7 5 8
Last Name R U S H T O N First Name J A C K Title E X E C . B O A R D Status C		0	8 7 4	5 5 0	0	1 4 2 4
Last Name W I L S O N First Name L O U I S Title E X E C . B O A R D Status C		0	1 4 3 1	0	0	1 4 3 1
Last Name S U I E First Name C L I N T O N Title E X E C . B O A R D Status C		0	5 2 4	0	0	5 2 4
Last Name L A T I M O R E First Name C H E R Y L Title E X E C . B O A R D Status P		0	0	0	0	0
Last Name First Name Title Status						0
Last Name First Name Title Status						0
Totals						

ORGANIZATION NAME:
H.E.R.E. AFL-CIO LOCAL UNION 274
 ENDING DATE OF PERIOD COVERED:
12-31-2000

FILE NUMBER: 5 0 4 - 8 3 2

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name		0	0	0	0	0
Title Status						
Last Name First Name		0	0	0	0	0
Title Status						
Last Name First Name		0	0	0	0	0
Title Status						
Last Name First Name		0	0	0	0	0
Title Status						
Last Name First Name		0	0	0	0	0
Title Status						
Last Name First Name		0	0	0	0	0
Title Status						
Last Name First Name		0	0	0	0	0
Title Status						
Totals						

ORGANIZATION NAME:
H.E.R.E. AFL-CIO LOCAL U N I O N 2 7 4

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 5 0 4 - 8 3 2

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: RODDA First Name: ROMERO Position: CLERICAL Name of Affiliated Organization: N / A	2 5 7 3 7	0	0	0	2 5 7 3 7
Last Name: YOUNG First Name: ERIN Position: BUSINESS AGENT Name of Affiliated Organization: N / A	3 9 8 8 6	0	4 5 4 8	0	4 4 4 3 4
Last Name: COBB First Name: IVY Position: BUSINESS AGENT Name of Affiliated Organization: N / A	1 6 8 0 0	0	2 8 4 9	0	1 9 6 4 9
Last Name: MCCARTHY First Name: JOSEPH Position: ORGANIZER Name of Affiliated Organization: N / A	2 9 8 7 3	0	4 2 7 0	0	3 4 1 4 3
Last Name: SMITH First Name: KEVIN Position: ORGANIZER Name of Affiliated Organization: N / A	3 7 7 4 9	0	2 2 0 3	0	3 9 9 5 2
Totals					

ORGANIZATION NAME:
H.E.R.E. AFL-CIO LOCAL UNION 274

ENDING DATE OF PERIOD COVERED:
12-31-2000

FILE NUMBER: 504-832

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SCHINGEN First Name: SHIRLEY Position: ORGANIZER Name of Affiliated Organization: N / A	33135	0	1669	0	34804
Last Name: HARRIS First Name: WILLIAM Position: ORGANIZER Name of Affiliated Organization: N / A	18000	0	725	0	18725
Last Name: First Name: Position: Name of Affiliated Organization:					0
Last Name: First Name: Position: Name of Affiliated Organization:					0
Last Name: First Name: Position: Name of Affiliated Organization:					0
Totals					

File Number: 504-832
Page ____ of ____

Page ____ of ____

(OTHER THAN U.S. TREASURY SECURITIES)	
Description (A)	Amount (B)
Marketable Securities	
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Other Investments	
STATE OF ISRAEL BOND	5,000
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Investments (other than US Treasury Securities)	5,000

File Number: 504-832
Page ____ of ____

Page of ...

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Period End Date: 12-31-2000

Page ____ of ____

SCHEDULE 8 -- LOANS PAYABLE[illegible]

Period End Date: 12-31-2000

Page ____ of ____

SCHEDULE 11 - BENEFITS

[illegible]

Period End Date: 12-31-2000

504-832

SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other

Description (A)	Amount (B)
BANQUETS	1,210
AD BOOKS	4,560
TESTIMONIAL DINNERS	3,000
LABOR ORGANIZATIONS	3,495
LOCAL CHARITIES	2,030
	0
	0
	0
	0
	0
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	0
Total Contributions, gifts, & grants - other	14,295

Period End Date: 12-31-2000

504-832

SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other

Description (A)	Amount (B)
RENT	74,339
ORGANIZING AND NEGOTIATING	194
TRAVEL	402
PRINTING, POSTAGE, AND OFFICE EXPENSE	70,957
DUES AND SUBSCRIPTIONS	3,765
EQUIPMENT RENTAL AND MAINTENANCE	14,623
TELEPHONE	29,828
MEETING EXPENSE FOR DEPARTMENTS	15,383
INSURANCE	4,041
SEMINAR FEES	1,012
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	0
Total Office & Administrative Expense - other	214,544

Period End Date: 12-31-2000

File Number: 504-832

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SCHEDULE 14 -- OTHER RECEIPTS - Other

Description (A)	Amount (B)
VOID CHECKS	40,321
HEALTH AND WELFARE AND LEGAL FUND DEPOSITS	637
REIMBURSED TRAVEL EXPENSE	5,001
DEATH BENEFITS REIMBURSED BY INTERNATIONAL UNION	1,256
INSURANCE REFUND	72
REIMBURSED OFFICE EXPENSES	3,941
PAYROLL TAX REFUND	2,179
SETTLEMENT RECEIPTS	4,431
AUTOMOBILE INSURANCE REFUND	3,178
LEASE CANCELATION REFUND	5,585
REIMBURSED ORGANIZING EXPENSES FROM INT'L UNION	192,958
REIMBURSEMENT OF EXPENSES PAID ON BEHALF OF H.E.R.E.	
AFFILIATED ENTITIES	10,336
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	0
	0
Total Other receipts - other	269,889

Period End Date: 12-31-2000

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SCHEDULE 15 – OTHER DISBURSEMENTS - Other

Description (A)	Amount (B)
FLOWERS AND MEMORIALS	1,047
ORGANIZING TRAVEL AND MEETINGS	1,770
INTEREST PAYMENTS ON AUTO LOAN	586
INTEREST PAYMENTS ON TELEPHONE LOAN	69
HOLIDAY EXPENSE	4,322
OTHER PAYROLL WITHHOLDINGS	34,320
DUES REFUNDED	3,125
SHOP STEWARDS EXPENSE	11,362
HEALTH AND WELFARE AND LEGAL FUND DEPOSITS	628
SUPPLIES FOR RESALE	808
SETTLEMENT PAYMENTS	4,211
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Total Other Disbursements - other	62,248

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES
UNION LOCAL NO. 274

FORM LM-2
FILE #504-832
DECEMBER 31, 2000

Item 75, Additional Information

Schedule "A"

Page 2, Item 11 - Participation in Trusts or Other Funds

<u>Name</u>	<u>Address</u>
Local 274 Scholarship Fund – Scholarship Benefits	1225 Vine Street, 5th Floor
Local 274 PAC Fund – Political Action Committee	Philadelphia, PA 19107
Local 274 Health and Welfare Fund – Health Benefits	
Local 274 Legal Fund – Legal Services Benefits	

Local 274 Pension Fund (administered by International)-
Pension Benefits

Local 274 International Union – Pension & Welfare
Pension Benefits, Health Benefits

P.O. Box 588
Naperville, Illinois 60566

Schedule "B"

Page 2, Item 12 - Have a Political Action Committee

Hotel Employees and Restaurant Employees Union Local 274 PAC, EIN #23-1950615, reports as required to Commonwealth of Pennsylvania, Department of State, Bureau of Elections.

The funds of this PAC are kept separate from the Local's Treasury and, therefore, the financial activity of this PAC is not included in this report.

Schedule "C"

Page 2, Item 13 – Acquisition or Disposal of Goods or Property in Any Manner Other Than By Sale

Page 2, Item 17 – Liquidate or Reduce Any Liabilities without Disbursement of Cash

Page 8, Schedule 8, Column (D)(2) – Repayments of Loan Payable Made During the Period other than Cash

Depreciation expense on fixed assets charged during the year ended December 31, 2000 was as follows:

Automobile	\$ 3,021
Office furniture and equipment	12,185
Other fixed assets	<u>17,524</u>
	<u>\$32,730</u>

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES
UNION LOCAL NO. 274

FORM LM-2
FILE #504-832
DECEMBER 31, 2000

Item 75, Additional Information (continued)

Schedule "C"
(continued)

Page 2, Item 13 – Acquisition or Disposal of Goods or Property in Any Manner Other Than By Sale
Page 2, Item 17 – Liquidate or Reduce Any Liabilities without Disbursement of Cash
Page 8, Schedule 8, Column (D)(2) – Repayments of Loan Payable Made During the Period other
than Cash

During the year ended December 31, 2000, the Hotel Employees and Restaurant Employees International Union donated computer equipment with a cost basis of \$29,344 to H.E.R.E. Local 274. The cost of this equipment is included on Line 6, Column (B) of Schedule 5.

During the fiscal year ended December 31, 2000, an automobile was traded in on the lease of a new automobile. The automobile which was traded in had an original cost of \$22,660, accumulated depreciation of \$13,973 and a book value of \$8,687 at the time it was traded in. As part of the trade, the lessor was required to pay the balance of the loan on the automobile which was traded in. The balance of the loan at the time of trade in was \$7,491.

Schedule "D"

Page 2, Item 14 - Audit or Review of Books and Records by Outside Accountant

The books and records of Hotel Employees and Restaurant Employees Union Local 274 were reviewed by Thomas Havey LLP, Certified Public Accountants, for the year ended December 31, 2000.

The books and records of Local 274 were examined by a representative of the Hotel Employees and Restaurant Employees International Union during the year ended December 31, 2000.

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES
UNION LOCAL NO. 274

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DECEMBER 31, 2000

Item 75. Additional Information (continued)

Schedule "E"

Page 2, Item 16 - Officer Paid \$10,000 or More from Another Labor Organization

Patrick Coughlan, former President and Business Manager and current Executive Board Member of H.E.R.E. Union Local 274, is a Senior Vice-President and International Representative for the Hotel Employees and Restaurant Employees International Union.

Schedule "F"

Page 9, Schedule 9, Column F - Disbursements for Official Business

It is not practical to make a precise distribution of automobile expenses not paid directly to officers and included in column (f). However, a reasonable allocation of such expenses has been made. Union leased automobiles were used more than 50% on official union business. The remainder, if any, was for personal use.

Schedule "G"

Page 9, Schedule 9, Column (G) - Other Disbursements

Page 12, Schedule 14 - Other Receipts

The amount included on Schedule 9, Column (G) is for travel expenses of an officer of Local 274 on behalf of H.E.R.E. affiliated entities. When reimbursement was received by the officer from the H.E.R.E. affiliated entities, the Local was reimbursed. The reimbursement is included on Schedule 14.

